

Applicant's Name
Business Name
Applicant's Address

City of San Diego Fire-Rescue Department 1010 Second Avenue, Suite 300, San Diego, CA 92101

SPECIAL SURVEY/ PRE-INSPECTION APPLICATION



<u>CARE FACILITIES</u> Pre-Inspection Fees: \$ 50.00 (25 or fewer clients) \$100.00 (26 or more clients)

SPECIAL SURVEY Inspection Fee: \$190.00

Please make check payable to **CITY TREASURER**

PLEASE PRINT WITH BALLPOINT PEN OR TYPE

City, State, Zip						
Applicant's Phone	9					
Fax		E-Mail				
Inspection Addre	SS					
City, State, Zip						
Phone						
Fax						
Business Site Na	me					
Contact Person						
Reason for Special						
Survey / Type of						
Facility						
Applicant Signature		Print Name			Date	
		cable portior	ns of the terms	, conditions and st	ipulations are	considered to be an integ
part of this ins	pection.)					
			For Offici	ial Use Only		
File ID #:		SS#		Receipt #		Check #
Date:	1 st Activity		Time:	District:	Shift:	Inspector:
Date:	2 nd Activity	Code:	Time:	District:	Shift:	Inspector:
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Fire-Rescue Department Representative Signature				Print Name		Date